



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

**RECEIVED**

By Carol Day at 1:11 pm, Jun 05, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 107989	PRINTER SN 099.3586.794	DATE OF INSPECTION 06/03/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1700 US Hwy 67 Florissant Missouri 63031		TIME OF INSPECTION 7:36 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERES</u> LOT # <u>AG332301</u> EXP. DATE <u>11/19/2015</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1  .098	TEST 2  .098	TEST 3  .098
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument working within D.O.H. guidelines.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Howard, Daniel 575
TYPE II PERMIT NUMBER/EXPIRATION DATE 250052 / 02/20/2017	TELEPHONE NUMBER (314) 837-7000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 20-Nov-2013

Lot # AG332301

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
19-Nov-2015	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

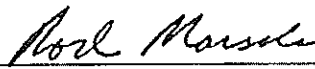
Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2013.11.20 15:33:36 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00039

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/03/15 07:36 .000  
Calibration Check:  
22 06/03/15 07:36 .098

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Howard 575

Location

1700 N Hwy 67

Florissant, MO  
63031

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00040

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/03/15 07:38 .000  
Calibration Check:  
23 06/03/15 07:38 .098

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Howard 575

Location

1700 N. Hwy 67

Florissant, MO 63031

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00041

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/03/15 07:39 .000  
Calibration Check:  
23 06/03/15 07:39 .098

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Howard 575

Location

1700 N. Hwy 67

Florissant, MO 63031

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00042

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 06/03/15 07:41

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Howard 575

Location

1700 N. Hwy 67

Florissant, MO 63031

AS IV Serial no: 107989  
Version no: 532B

TEST RECORD 00043

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/03/15 07:42 .000  
Subject Test: Auto  
23 06/03/15 07:42 .000

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

Howard 575

Location

1700 N. Hwy 67

Florissant, MO 63031



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

DANIEL HOWARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/20/2015

NUMBER 250052

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RG-1)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator HOWARD, DANIEL  
Permit No 250052  
Date Issued 2/20/2015 Date Expires 2/20/2017